

30000 25390 5/14/13

State of New Mexico													
Voucher Batch Report													
BusinessUnit		66500		Department of Health									
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD													
AsofDate		05/08/2013											
Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount	
Number	Line	Line#	Description	Withhold	Year	Month							
00334420	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	NASH GAYLE-001		2013	04	0000096683	Nash, G. 3.24-3.	455.00
Total For Voucher												455.00	

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit:	66500	Invoice Number:	Nash, G. 3.24-3.29.13
Voucher ID:	00334420	Invoice Date:	04/30/2013
Voucher Style:	Regular	Total:	455.00

Vendor:	NASH, GAYLE C	*Pay Terms:	Pay Now
	1190 ST FRANCIS DR N 4100		Schedule Payments
	SANTA FE, NM 87502		

Payment Information

Scheduled Payment: 1

***Remit to:** 0000099443

Location: 001

***Address:** 1

NASH, GAYLE C
1190 ST FRANCIS DR N 4100
SANTA FE, NM 87502

Gross Amount: 455.00 USD

Discount: 0.00 USD **Discount Denied**

Late Charge

Scheduled Due: 04/30/2013

Net Due: 04/30/2013

Discount Due:

Accounting Date:

Payment Method

***Bank:** WFB10

***Account:** B

***Method:** ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

***Handling:**

***Netting:** N

[Messages](#)

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500 Invoice Number: Nash, G. 3.24-3.29.13
Voucher ID: 00334420 Invoice Date: 04/30/2013
Voucher Style: Regular Total: 455.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

AGENCY
DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 1 DATE 4/1/2013
AGENCY CODE 66500 VOUCHER NUMBER 00334420

NAME

Gayle Nash

CAR LICENSE NUMBER

1768

POST OF DUTY

Las Cruces

PROPOSED
(ADVANCE VOUCHER)

VENDOR NUMBER

99443

MODEL

Nissan

RESIDENCE

Las Cruces

ACTUAL
(RECOUPMENT VOUCHER)

REG. WORK DAY

8:00 AM THRU 5:00 PM

YEAR

2011

ODOMETER/MAP MILES
ENTER START & FINISH

Las Cruces

AMOUNTS
MISCELLANEOUS

AMOUNTS

DATE

TIME: SHOW AM OR PM
DEPARTURE

CHARACTER OF EXPENDITURES
ENTER DESTINATION, NATURE OF OFFICIAL
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION

ENTER START & FINISH

NO. OF
MILES

AMILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

3/24/2013

6:00am

Depart Las Cruces to ABQ, Overnight

0

0.00

0.00

0.00

0.00

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3/25/2013

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3/29/2013

6:00pm

Depart ABQ to Las Cruces, part. Day per diem-12 hrs

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Employee 5 SECTIVE AS
ACRNG H.A. AT SATE

Per Diem is Based on (Check One)

ACTUAL EXPENSES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the traveling covered by this voucher.

APPROVED RATES

X

Employee Signature

Date

X

Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-4-6 (I), NMSA 1978

Signature

(DOH-General Accounting Use Only)

Date

PAYEE SIGN HERE:

Gayle Nash

DATE

4-33-2013

Signature required on overnight lodging exceeding \$215.00 per night:

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000/06105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #: 001768-SG	
	Year: 2011	Make: Nissan	Model: Altima			

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting at Sequoyah Adolescent Treatment Center to serve as Acting Hospital Administrator					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request: 03/22/13		Destination: ABQ					
	Departure Date: (month/day/yr) 03/24/13		Time: 06:00 AM		Return Date: (month/day/yr) 3/29/13		Time: 06:00 PM	
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:							

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

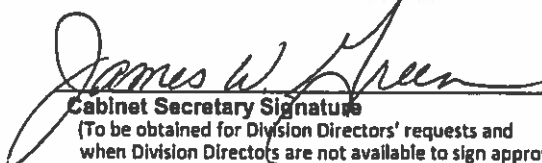
546700: Subscription/Annual Dues		542100: In-State Mileage: @ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: 5 @ \$85/day	\$ 425.00
546800: Registration – Vendor		Santa Fe Only: @ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee	\$ 455.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 455.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


4-23-2013
 Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator
 (As per specific division requirements) Date


 Cabinet Secretary Signature
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) Date